STATE OF VERMONT

HUMAN SERVICES BOARD

In re)	Fair	Hearing	Nos.	H-03/10-120
)			&	H-03/10-121
Appeal of)				

INTRODUCTION

The petitioner appeals decisions by the Office of

Vermont Health Access (OVHA) not to provide reimbursement to

him under Medicaid for a psychiatric consultation and

medications prescribed by a doctor in Massachusetts. The

issue is whether the provider in question qualifies for

payment through Vermont Medicaid. The following facts are

not in dispute.

FINDINGS OF FACT

- 1. The petitioner is a recipient of Medicaid benefits. In March 2010 he underwent an evaluation by a psychiatrist in Massachusetts. He then filled a prescription for medications prescribed by that doctor. The doctor in Massachusetts does not accept Vermont Medicaid and she has billed the petitioner for her services.
- 2. The petitioner has requested the Department to provide payment for these services under Medicaid. The Department has notified him that the service cannot be

covered because the doctor is not enrolled as a Vermont Medicaid provider.

- 3. There is no dispute that the Department would cover these services under Medicaid if the Massachusetts doctor will enroll as a Vermont provider. The provider has been informed that enrollment is a simple and cost-free procedure, but she has nonetheless declined.
- 4. The petitioner maintains that he has had difficulty finding a suitable psychiatrist who accepts Vermont Medicaid. He admits, however, that he can probably obtain a prescription through his primary care physician in Vermont for the medications that were prescribed by the psychiatrist in Massachusetts.

ORDER

The Department's decision is affirmed.

REASONS

The Medicaid regulations specifically preclude payments for "items and services ordered by an individual not enrolled as a Medicaid provider". W.A.M. § 7105.1(I). The regulations define providers as those "currently approved to provide medical assistance to a beneficiary pursuant to the Vermont Medicaid Program". Id. § 7105.2. Moreover, § 7105

provides that Medicaid payments cannot be made directly to a recipient.

In this case, the petitioner does not dispute that the provider in question is not and has refused to become enrolled in Vermont Medicaid, and there is no question that the Department's decisions not to cover the services in question under Medicaid are supported by the regulations.

The Board has repeatedly observed and acknowledged that the Department's policy of limiting Medicaid coverage to enrolled providers is neither fundamentally unfair nor contrary to public policy. Thus, the Board is bound to affirm the Department's decisions in this case. 3 V.S.A. § 3091(d), Fair Hearing Rule No. 1000.4D.

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¹ The Board has also noted that the Department provides all Medicaid recipients with specific instructions that coverage is limited to providers enrolled in Vermont Medicaid.